

p.m. to allow for the weekly caucus meetings.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. BROWN. If there is no further business, I ask unanimous consent that the Senate stand adjourned under the previous order following the remarks of my colleague from Ohio.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Ohio.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I thank my colleague from Ohio, and I am on the floor today to talk about a major public health crisis facing our country, one that is resulting in thousands of people losing their lives, causing the death of over 100,000 Americans a year, and has negatively impacted so many millions more in my home State of Ohio and all around the country.

And, no, I am not talking about COVID-19. I am talking about an epidemic within the pandemic. I am talking about the surging epidemic of drug use and addiction that has fueled a record number of overdose deaths and threatens to get even worse.

In the past 19 months or so, our attention has, understandably, been directed toward the COVID-19 crisis. And, once again, we see with Omicron the possibility of another variant coming, and those public health challenges are real.

But I have to tell you that it has led us to ignore another crisis. The Centers for Disease Control, the CDC, recently issued a report which was shocking and should serve as a wake-up call to all of us.

It said that between April of 2020 and April of 2021, the most recent year for which we have data, we had over 100,000 individuals lose their lives to drug overdose deaths in this country. That is the highest ever. It is a record.

By the way, 100,000 deaths per year is more than the deaths from gunshot wounds and the deaths from car accidents combined. It is truly the epidemic within the pandemic.

Away from the headlines, we have this other tragic healthcare crisis that has left no part of the country unaffected. Forty-six States and the District of Columbia have seen their overdose rates go up in the last year, with a 26-percent increase in my home State of Ohio. In some States, there are now as many drug overdose deaths as there are COVID deaths.

Like many of you, I have seen firsthand the damage drugs like crystal meth or cocaine or heroin or now the synthetic opioids are causing to the families we represent, to people who have gotten caught in that spiral of drug abuse and addiction.

I have also seen the heroic efforts of first responders who have saved peo-

ple's lives by administering naloxone, which some call Narcan, its brand name. It is a miracle drug that literally saves lives by being able to reverse the effects of an overdose.

And I have ridden with law enforcement and treatment providers on rapid response teams in various places in Ohio that follow up with those who have overdosed. Literally, somebody overdoses, and then this rapid response team—usually made up of law enforcement but also treatment providers, social workers—goes to people's homes, and it is amazing what you will find out.

I was, frankly, a little surprised during my first visit—then, I got more used to it—which is that people respond very favorably. Most people who are approached by these rapid response teams agree to get into treatment. And isn't that the key? Using Narcan again and again and again to save someone's life is not the answer. The answer is to get that person into treatment so that that person can get back to his or her family, his or her work, and to a normal life and to be more productive in life.

I have also met with families and loved ones affected, hearing their stories about how losing a family member to addiction has had such a negative impact, often tearing those families apart.

And, of course, I have talked to a lot of people in recovery who have told me about the grip of addiction on their lives and how they got help and what worked and what didn't work.

Unfortunately, a lot of people get help, get into treatment, and it doesn't work for them. They have to do it again and again. But, ultimately, for those who can stay in recovery and are able to stay sober and clean, they have the most amazing stories. And so many of them are coming back and contributing in big ways to our communities—many helping others. Their recovery, basically, is reaching out to others and helping them along the way. Some are called recovery coaches, which is a more formal title, but so many of them are, in effect, recovery coaches helping others who are struggling.

There are so many lives that have been touched by this crisis—100,000-plus deaths, but so many others affected. And I have made it a goal of mine to make sure Congress is playing its role in addressing this effort that must be at the community level, at the State level, but also at the national level to respond to what is a true national crisis.

What makes it especially heart-breaking to me is that, only a few years ago, we had finally begun to make progress on this. We were beginning to turn the corner. We were seeing lower addiction rates. We were seeing lower overdose deaths for the first time in decades.

How did we do it? Well, we redoubled our efforts on prevention, on getting people into treatment, on getting peo-

ple into longer term recovery, making more naloxone available.

Thanks to the bipartisan leadership here in Congress, the Comprehensive Addiction and Recovery Act, or CARA, which I coauthored with my colleague SHELDON WHITEHOUSE, and the 21st Century CURES Act were both signed into law in 2016, helping to pave the way for several billion dollars in new Federal funding to strengthen State, local, and nonprofit efforts to combat addiction.

Our CARA legislation and the follow-up CARA.2 legislation that we passed a few years ago took a comprehensive approach based on best practices. We actually had seminars here in Washington. We brought people from all over the country here. We had four different conferences where we got information as to what was working and not working in our communities, and things that were working we funded.

We directed resources toward more treatment and recovery services for individuals and more focus on prevention.

I can't overstate how critical these kinds of proven services are for people on the path to recovery. Congress had never, before this legislation, ever funded recovery services.

I have visited a number of inpatient and outpatient centers for addiction in Ohio to talk with those working to overcome their addiction. They have told me time and again how these recovery services gave them the structure, the support, and, most importantly, the hope they needed to be able to overcome this disease.

And we actually started to see that hope translate into real success on the ground, real numbers and real people's lives.

In 2017, Ohio's overdose death rate had increased for 30-plus straight years, and Ohio's death per capita that year, 2017, was almost three times that of the national average.

But that next year, in 2018, as these two signature laws, CARA and CURES, were fully implemented, Ohio began to turn the tide with a 22-percent reduction in overdose deaths in 1 year.

Again, after more than 30 years of increases in overdose deaths every single year, a 22-percent decrease. Nationally, overdose deaths declined that year about 4 percent, again, after a year after year of increases. In 2019, we had a slight decrease also. These were promising developments.

But since then, there has been a lethal convergence on both the supply side of this issue and the demand side of this issue. Sam Quinones, the author of "Dreamland," which I think is the seminal book on the rise of opioids in this country, recently put it well. He said in an interview that before COVID hit, Mexican cartels had achieved their goal, finally, of covering our country with "the most . . . mind-mangling drugs we've ever seen. . . . It just so happened that we went into isolation at the very moment when these drugs hit their apex."

A terrible coincidence that as the supply increased because of the greed of traffickers, the demand increased because of COVID. These two things came together, and that has caused this huge increase in overdoses, addiction, and overdose deaths.

Let's look at the supply side of this crisis first. The record number of deadly narcotics and other drugs that are taking the lives of moms, dads, children, and loved ones all across the country are coming into our country in record numbers. As many are aware, for much of the past few decades, the most common cause of overdose deaths were prescription opioids like OxyContin or Percocet. Often people who suffered a serious injury or accident needed pain relief, and often, unfortunately, doctors and dentists overprescribed opioids. People developed an addiction that led to accidental overdoses, often from cheaper and more available heroin when the prescription drugs ran out.

Now we are dealing with a class of drugs that are tens if not hundreds of times deadlier than those prescription drugs, the so-called synthetic opioids. The most well known of these is fentanyl, which, as you can see by this chart of drug overdoses, has become the drug most responsible for overdose deaths.

The red here is overdose deaths overall, and the blue is overdose deaths that are attributed to fentanyl. You can see what has happened. Fentanyl was about half of overdose deaths in 2018. Half of all overdose deaths was one drug, fentanyl. In 2019, it was more than half and, in 2020, way more than half of all the overdose deaths caused by one drug, a synthetic opioid called fentanyl. It is the deadliest one.

Incredibly, 80 percent of drug overdoses in Ohio and overdose deaths in Ohio can now be attributed to this deadly substance, based on what the experts tell me—80 percent. It is not surprising that the amount of fentanyl seized on the streets of Ohio cities like Dayton, OH, recently has nearly doubled compared to last year. And it is not only the amount of fentanyl that is flooding our country.

Evil traffickers have increasingly disguised it by mixing it with other drugs or pressing it into fake pills to look like common pharmaceuticals. This concerted effort to expand the reach of fentanyl addiction started before the pandemic, but it is only accelerating.

It is a profitable business for drug dealers. Compared to heroin, fentanyl is less expensive to manufacture and, pound-for-pound, far more potent. A few flakes can kill you. Traffickers make a bigger profit, and people are trapped into addiction more easily.

Traffickers increasingly lace fentanyl with other drugs—cocaine, crystal meth, heroin, and even marijuana in some cases. They do it as a way to boost its effects and cut down on its costs. In Mexico, they use cheap

pill presses to mold fentanyl doses into the shape of prescription drugs—everyday pills that people take for a variety of reasons. What that means is that many of the individuals who now lose their lives to a fentanyl overdose don't even know they are taking fentanyl until it is too late.

Recently, I participated in a roundtable discussion on the border crisis and how it has impacted the addiction crisis. We heard from an Ohio mother, Virginia Krieger, who lost her daughter Tiffany to an accidental fentanyl death. Virginia told us about how Tiffany had been unable to get the care she wanted from her physician. That led her to buying pills on the street—pills she was told were Percocet, and it looked like Percocet. That is what was stamped on it. But in reality, it was laced with lethal doses of heroin and fentanyl. When Tiffany took these pills for her pain, she was poisoned by the fentanyl, and the life of a young 26-year-old woman was snuffed out far too soon.

We are hearing this across the State. Recently, in Cleveland, OH, Xanax pills, an anti-anxiety medication—fake pills pressed by Mexican traffickers contained fentanyl and caused overdoses and overdose deaths.

My heart goes out to these families. My heart goes out to Virginia, who, by the way, has channeled her grief into something positive, and that is going to schools and explaining to young people how dangerous this is. Her view is that no one should ever take a pill unless they know it comes from a pharmacy.

She is right. People across the country need to know that pills of all shapes and sizes can contain fentanyl even though they might say something else. No street drug is safe right now from the threat of fentanyl poisoning, and too many kids and adults who weren't addicted to opioids are unknowingly ingesting these substances and putting themselves at risk. We need to be on high alert. Parents and kids need to know that right now no drug you get on the street can be safe.

Our communities are saturated with fentanyl and other synthetic opioids right now. Among other things, of course, this drives the price of the drugs down. So, yes, the most important thing is to reduce the demand for drugs, but with its overwhelming supply, the price of the drug goes down and there is higher use and higher demand.

A conversation about how we can cut down on the supply side of course has to start with our strategy on our southern border. For years, fentanyl and other synthetic opioids were overwhelmingly illegally manufactured in China. As then-chairman of the Permanent Subcommittee on Investigations, I led a bipartisan investigation back in 2017 which showed that fentanyl was coming into our country from China primarily through our own lax Postal Service. Our own Postal Service was

the conduit. That is why I worked in a bipartisan manner to write and pass what is called the STOP Act, which required the Postal Service, for the first time, to crack down on fentanyl through the mail.

We required the Postal Service to get advanced tracking data on international shipments coming to the United States, showing the package's origin, contents, and destination. This allowed law enforcement to spot potentially dangerous packages ahead of time and make it much more difficult to move fentanyl into the United States in this manner. Other carriers were already doing it—FedEx, private carriers, DHL, but the post office was not.

The good news is that the STOP Act has been effective, and also, after persistent engagement and pressure from the United States, China scheduled fentanyl, meaning made it illegal, and its analogues as a class of illegal drugs. We believe these changes have helped to dramatically reduce the flow of fentanyl directly from China into the United States.

But, obviously, it hasn't solved the problem because Mexican transnational criminal organizations know a great business opportunity when they see one, and they moved in to take over the fentanyl market in the United States. Now Mexican transnational criminal organizations work with criminal gangs in China to import into Mexico the ingredients used to make fentanyl, where the final product is made in so-called superlabs.

We have a record amount of the substance pouring in, both at our ports of entry and through other gaps in our southern border security by car, by truck, by courier. This is a problem that continues to get worse as this shocking chart shows us.

Look at the dramatic increases in fentanyl that was seized along the U.S. border. This past fiscal year, Customs and Border Protection seized 11,201 pounds of fentanyl, enough to kill every man, woman, and child in America—more than double the amount from the previous year and four times the amount from fiscal year 2019. Just a few weeks ago in Southern California, border officials discovered 8½ tons of meth in a single truck along with 400 pounds of fentanyl. Remember, it only takes a few flakes of fentanyl to kill you. This 400 pounds could kill millions.

Their smuggling operations are complex and sophisticated, and Customs and Border Protection have their hands full. According to the most recent statistics, last month, seizures of fentanyl increased 42 percent. That is 42 percent in 1 month. This is only how much we know was discovered, was apprehended. We don't know how much more made it over the border undetected.

When I have asked Customs and Border Protection and DHS, our homeland security officials, in public hearings, as I did the week before last, they don't

answer the question because they don't know. But in private conversations with Border Patrol agents, they tell me that they believe the vast majority of drugs are coming in undetected. So this is just the seizures, not the amount of drugs that are streaming across the border.

I take no pleasure in saying this, but the failure of the Biden administration to control the southern border has resulted in record levels of deadly fentanyl coming in to our country and contributes to the growing strength of the Mexican transnational criminal organizations. Part of the problem is that the Biden administration's own policies have encouraged an unprecedented surge of unlawful migrants at the border, diverting our Customs and Border Protection officers and Border Patrol agents away from interdicting drugs. I have seen that on the southern border as has anyone else who has visited.

These law enforcement officers who should be on the line stopping the criminals carrying drugs are instead processing a record number of migrants. This massive influx of unlawful migrants began when President Biden was inaugurated and made specific policy changes, and it has only continued to worsen ever since. We had all hoped that during the summer months, when normally unlawful migration slows down because of the heat, that we would have a lessening of this issue, but it didn't happen. In fact, last month was a record month for October for Border Patrol apprehensions.

As the border crisis created by the Biden administration policy changes continues, the administration has failed to give Customs and Border Protection the resources they need: additional personnel, better technology, infrastructure, and more, to enable them to better protect our Nation along the nearly 2,000-mile border with Mexico. On an average day in 2020, Customs and Border Protection processed 650,000-plus passengers and pedestrians, 187,000 incoming privately owned vehicles, and 77,900 truck, rail, and sea containers. The amount of traffic at the border is going up now that there is less concern about the pandemic.

However, only 2 percent of those privately owned vehicles are physically searched at the border, and less than 20 percent of all those commercial vehicles are scanned for drugs before they cross into the United States.

Let me repeat that: 2 percent. So if you are a smuggler driving a sedan with multiple pounds of fentanyl concealed in hidden compartments, right now you have a very good chance of getting across the border without a search. That is not a gap in our security, that is a gaping hole.

We have known this is a problem. Congress, last January, almost a year ago, passed and President Trump signed into law a requirement that the Department of Homeland Security give Congress a plan and a strategy on using

technology and making policy and resources changes to be able to scan all vehicles.

Unfortunately, the Biden administration is late delivering this report. It was due over 4 months ago, and we still don't have it. In conversations with administration officials the week before last, I got assurances that it is coming soon. I hope so. We need it. It would be extremely helpful to have this information as we finalize the spending bills over the next month or so.

I am proud that the recently enacted Infrastructure Investment and Jobs Act invested billions of dollars in upgrading and modernizing our ports of entry, including ports of entry on the southern border. Our ports are aging, some of them badly. This funding would allow Customs and Border Protection officers to have adequate space to do more screening of vehicles.

However, we cannot and should not build a brandnew port of entry and then just install the old legacy technology for scanning and detection of deadly narcotics. We have a once-in-a-generation opportunity to dramatically upgrade seaports of entry with modern, state-of-the-art detection technology that can help our officers catch more of these drugs before they enter our communities.

In May, I introduced bipartisan legislation with Senator MARK KELLY of Arizona to establish a \$1 billion irregular migration border response fund so that the Department of Homeland Security is not forced to transfer resources away from drug interdiction priorities to fund processing of individuals, food, clothing, blankets, and transportation when there is an influx of migrants, as has happened periodically. These contingency resources would be available immediately when there is a surge to quickly respond to increased migration at the border.

Considering the crisis at our border and the record amounts of fentanyl coming in, it was not surprising to me in September when the Drug Enforcement Agency, DEA, issued its first public safety alert in more than 6 years after it seized more than 9.5 million fake pills this year, more than the last 2 years combined. As I said, we all need to be on high alert.

We hear a lot these days about problems with the supply chain, with delayed shipments and cancelled orders. I will tell you the Mexican transnational criminal organizations don't have that problem. They are moving more fentanyl than ever into our communities, and once that fentanyl is here, what a waste. Sadly, more people are caught in the grip of addiction.

This brings us to the demand side of the equation. Again, most important to me is reducing the demand for these drugs, but both the demand and the supply side are related.

As we discussed, the supply of deadly fentanyl was already increasing when COVID-19 hit us almost 2 years ago. Clearly, this pandemic has led to more

isolation, anxiety for some, depression for others. Millions of Americans lost their jobs through no fault of their own. Millions have lost loved ones to COVID-19. Some in recovery have not been able to be with their treatment providers or with their recovery coaches, as we talked about earlier. Millions have had their lives turned upside down, and some have turned to drugs as a coping mechanism. Others, who were on the path to recovery, have suffered setbacks—relapsing into drug use again.

Last month, I visited with Erin Helms, who runs recovery homes for women in northeast Ohio that I have had the chance to visit. Erin told me about the challenges during COVID to connect people with treatment and recovery support services when they overdose or when they are being released out of the criminal justice system. When we were in the most restrictive time of the pandemic, those people fell through the cracks, and we are seeing the results of that today. These overdose deaths are happening away from the national headlines, but they are taking a toll all the same.

As I said, this is truly a nationwide crisis. It will take all of us here in Congress coming together to work on a bipartisan basis to find solutions to turn the tide again, reduce overdose deaths, and put more affected individuals on the path to recovery.

So what can we do here in Congress in moving forward? What are the answers?

First, we have got to be able to address both the supply side and the demand side. This chart lays out some of the ways we can help with both, all of which I have talked about tonight. This means we need to complete the installation of enhanced border security technology, which has already been appropriated by Congress, so that the Border Patrol has the tools it needs to complete its national security mission—so enhanced border security.

In March, I visited El Paso and saw fully funded construction materials laying on the ground, at the border, at the place where there was a gap in the wall. I heard directly from Border Patrol officers about the importance of enhancing border security to give them the opportunity to complete their national security mission and help them to stop the drugs.

That is why, at his nomination hearing in October, I pressed Tucson Police Chief Chris Magnus, the nominee to be Commissioner of the U.S. Customs and Border Protection, on the need to install the enhanced border technology and complete the funded sections of the wall.

Not only are there physical gaps in the wall right now that we have already paid for, but there is technology, which, to me, is the most important part of the wall. So you need the barrier, but, also, you need the technology to be able to monitor it, and it is only about 10 percent completed in that El Paso sector. That is outrageous.

Everybody—Republicans and Democrats alike—likes to say they are for technology. We should complete the technology along the border and help the Border Patrol be able to do their important job, including keeping these deadly narcotics out of our communities.

We also must pass the bipartisan Border Response Resilience Act, which I talked about, that I introduced with Senator KELLY. It would provide an additional billion dollars to the Border Patrol and U.S. Customs and Border Protection folks during a surge in unlawful migration, like the one we are in right now.

Due to limited resources, Border Patrol agents are pulled off the border to care for migrants, and drug cartels are taking advantage of these open gaps in our Nation's security. Even some of the checkpoints had to be closed down when there was a recent surge on the border near Del Rio, TX. Drug interdiction checkpoints here in the United States are left unmanned so offices can process more migrant families.

But the supply chain doesn't start and end on the U.S. border. Criminals understand the opportunities of the globalized world, and they pose a dynamic threat to the United States. They are smart and adaptable and can take advantage of the complexity and volume of international trade and travel patterns, and they do that. They also understand how to exploit openings in law enforcement and regulatory approaches.

Many of the ingredients used to make fentanyl continue to come from China, and Chinese money laundering networks have emerged as key enablers in the business model of Mexican transnational criminal organizations. This must stop. While we have a complex and difficult agenda with China, this issue needs to remain at the top of our list. I urge the Biden administration to push the Chinese Government to be our partner in cracking down on these international crime rings rather than a tacit enabler. It is in both of our countries' interests.

Likewise, the issue should be front and center in our relationship with Mexico. Both of our countries lose when the traffickers are successful. Our country is inundated with lethal substances, and the cartels gain money and sometimes American-made firearms that allow them to better wage war on the government in Mexico City. For both of our countries' sakes, we need to partner more effectively with Mexico—international cooperation.

We should also recognize that these adaptable drug traffickers will have other options as we go after this current supply chain. We saw this after the STOP Act started to be implemented and traffickers from China shifted to Mexico. There is a risk that it becomes a game of whack-a-mole—when you stop it in one place and it crops up somewhere else. As an example, as we work to stop the flow of

fentanyl ingredients from China, other countries, like India, could prove to be good alternative sources. We need to be prepared to partner with India and other potential new sources in this lethal supply chain to ensure we continue to improve our security.

We also need to continue to enforce the provisions in the STOP Act to ensure that our postal service does not, once again, become the viable option for traffickers moving fentanyl into the United States. After missing the initial October 2019 deadline for full implementation of the STOP Act regulations, in March, Customs and Border Patrol finally began demanding 100 percent of advanced tracking data on shipments entering the country. That is good. I am glad we got there. That means that, for every package coming into the United States that originates from a country like India or China, we have a sense of what the package contains, where it is from, and where it is going, or else it doesn't come in.

However, a number of waivers remain in place for these regulations for low-risk, low-volume, and less-developed countries. These waivers allow some countries to continue to skirt these reporting requirements, including, if you can believe it, Russia. It should not be in that category. This means criminals in Russia can continue to send potentially illegal packages into the United States without our knowing in advance what they may contain, posing a significant security risk, and undercutting the goals of the STOP Act.

Frankly, I think it is an unacceptable oversight in enforcement, and I believe there is bipartisan agreement that that is the case. That is why I am urging DHS Secretary Mayorkas and the Biden administration to narrow down the STOP Act waivers and ensure that high-risk countries, like Russia, have to comply with these critical advanced tracking data requirements.

In addition to this added security at the border, closer cooperation with the international community, and better STOP Act enforcement, we need to take the unexpected but important step to make sure that these deadly synthetic opioids actually remain illegal so that our law enforcement can take the proper steps to crack down on them. In order to avoid prosecution, prior to 2018, evil scientists in China and drug traffickers started making slight modifications to fentanyl, sometimes adjusting a single molecule and creating what are essentially fentanyl copycats to get around the law.

While these fentanyl-related substances have the same narcotic properties as fentanyl, their tiny variations allow them to evade prosecution. Oftentimes, actually, these simpler substances than fentanyl were even more deadly. Carfentanil is actually more deadly than fentanyl, and that was one of the substances that was being made. Just this past week, we have learned that a fentanyl-related substance called para-fluorofentanyl has been dis-

covered laced into drugs in my home State of Ohio, as an example.

To address all of this, the Drug Enforcement Administration, in 2018, used its authority to temporarily classify all fentanyl-related drugs as schedule I substances, which allows law enforcement to aggressively intercept and destroy them. Unfortunately, this designation was only temporary. We have successfully extended the designation a few times, but it will expire in about 2 months, at the end of January.

Until we make these fentanyl-related drugs—these are fentanyl copycat drugs, some more dangerous than fentanyl—law enforcement will not have the certainty they need to go after criminals moving these deadly substances, and lives will be lost.

Fortunately, we have legislation, already, to address this. Our bipartisan FIGHT Fentanyl Act, which I introduced with Senator JOE MANCHIN, would fix this problem by permanently classifying fentanyl-related drugs as schedule I. It is about time. That would give our law enforcement the certainty to go after synthetic opioids in all of its forms and show we are committed to addressing the threat posed by this dangerous class of drugs. The FIGHT Fentanyl Act would increase the costs of fentanyl on the street and would be an important step toward rededicating our efforts to stopping these drugs from stealing thousands of lives and causing so much pain.

I urge my colleagues on both sides of the aisle to come together and support this legislation to help us reduce the supply of dangerous synthetic opioids on our streets.

So, again, on the supply side, let's pass legislation to be sure we are making fentanyl permanently illegal.

Let's look at what we can do on the demand side to reduce this demand—in-satiable sometimes in our country—for these illegal drugs: more effective prevention and education and ensuring individuals struggling with addiction get the support they need to overcome the disease and no longer feel the need to turn to these dangerous substances. That is all part of it.

The first step, to me, is to continue to build on what we know has worked. Remember, back in 2018, we actually had the first year-over-year decrease in overdose deaths in the country in about three decades—a 22-percent decrease in my home State of Ohio in 1 year. Building on that success starts with building on our CARA legislation we talked about earlier.

Before CARA, the Federal Government provided no funding of any kind for recovery support services, which are so essential to so many in overcoming their addictions. There was also no Federal funding for naloxone, also known as Narcan, which is so effective because it is a miracle drug that allows first responders to reverse the effects of an overdose and save lives and get people into treatment.

CARA also lifted the cap on the number of patients a doctor could treat

with a medication assisted treatment called Suboxone, while also allowing nurse practitioners and physician assistants to prescribe this medication. All of these provisions expanded access to treatment, and that was incredibly important.

I remember a father who came to me from Ohio and talked about his daughter. His daughter had an accident, an injury. She took pain medication. She became addicted to opioids. She then shifted to heroin because it was more available and less expensive. She was in and out of treatment and never took it seriously. One day, she went to her father and said, "I am ready. I am ready to go into treatment. I am ready to turn my life around." He was convinced it was true until he went out to find a treatment provider for her, and as continues to be the case in some communities—and at that time, before 2018, it was the case in many communities—there were no beds available. There was no treatment option. She had to go on a waiting list. While she was on the waiting list, she overdosed on heroin and died in her own bedroom, and her father found her there.

So all of these provisions we put in place expanded access to treatment to be able to ensure that those stories are not repeated.

In the 5 years since our CARA legislation has become law, I have visited with hundreds of recovering addicts at treatment centers; I have visited with experts on local addiction and mental health boards; and I have been to recovery homes and other nonprofits across Ohio. We have talked about what we can do now to build on the successes we were having back in the 2018–2019 period, as well as what we did with regard to CARA 2.0, which is the bill that passed in 2018.

The result of those discussions is CARA 3.0—the third CARA legislation. I introduced that with Senator WHITEHOUSE earlier this year, and it builds on the existing CARA framework and expands its scope to ensure all Americans who are fighting addiction have the chance to overcome this disease. It does so by addressing three important areas: one, research, education, prevention; two, treatment and recovery; and, three, criminal justice reform.

CARA 3.0 will bolster our work to prevent drug abuse—before it even happens—through better research and better education and prevention.

I believe effective prevention is done when it is at the community level, which is where it is most effective, and engages a wide variety of stakeholders—youth, parents, faith leaders, educators—all with a focus on showing the risks of drug abuse and addiction.

There are now about 2,000 community coalitions around the country that do this, and God bless them for the work they do. They benefit from our legislation called the Drug-Free Communities Act, which is also something that is important with regard to CARA 3.0.

Over 25 years ago, I found in my own community an antidrug coalition. It is

now called PreventionFIRST! It is still in existence, doing a great job. In fact, I had a Zoom call with the leaders of PreventionFIRST! last week to learn about some of the new innovations they are coming up with to reach more people. They do a drug survey every 2 years—they are in the middle of fielding that right now—where they get the best information. It is almost like a census, not a survey, from high schoolers all over the greater Cincinnati area to find out what drugs are being used, what people's attitudes are about drugs. They take that and use that to try to promote the prevention message in a way that is effective.

I appreciate what they do, again, and that is part of what we need to do in this new legislation, is to redouble our efforts on prevention, to keep people out of the funnel of addiction in the first place. It is obviously the most effective way to address this issue.

In our legislation we call for a massive new national drug awareness campaign as part of this. I believe that ought to be done with help from the private sector, by the way. There are plenty of people in the private sector who have concerns about this issue and should. It affects their workforce.

Certainly, with regard to companies that are in the pharmaceutical business, they should have a strong interest in this. We could leverage funding—taxpayer funding—in ways that could create, for the first time in a couple of decades, a very effective national media campaign to get the word out there.

We know that a number of Federal Agencies have smaller efforts on this front, but we need more coordination and a united message coming from the Federal Government and from the private sector.

Our bill also includes more for research and development of alternative pain treatment methods that don't lead to addiction. To me, it is unbelievable that we are still relying on these opioid pain medications that were developed a couple of decades ago. And although some have worked on this issue—and I appreciate those researchers—we need to put more money and focus on this to find ways to treat pain without the addictive properties of the opioids.

And CARA 3.0 will also take the important step of addressing the disproportionate effect the addiction crisis has had on certain vulnerable communities.

Second, our bill will build on what has worked with regard to treatment and recovery. So the first step is more research, education and prevention. The second one is with regard to treatment and recovery. It will double down on proven evidence-based addiction treatment methods while expanding treatment options for groups particularly vulnerable to addiction, including young people, new and expecting mothers, rural communities, and communities of color.

Third, our bill will build on what works and how we treat addiction. It will double down on these treatment methods. It will, importantly, make permanent the current expanded telehealth options for addiction treatment that were temporarily created in response to the social distancing required by the COVID-19 pandemic.

This is important. Telehealth was something that was a necessity during COVID. People couldn't come to the doctor for visits. They couldn't be at their treatment providers in person. And we wondered whether telehealth would be effective. I believe that for mental health treatment and for addiction services, behavioral health, that it has been incredibly important. And although addictions have gone up during this period, obviously, and the overdose rates are at record highs, my belief—and from talking to experts I have come to this belief—it would be even worse if we had not had the telehealth options.

So in the dark cloud of the pandemic, the silver lining may be that we learned how to use telehealth better. And our legislation allows that to continue to be used with reimbursement; as an example, Medicaid reimbursement or Medicare reimbursement.

CARA 3.0 also bolsters the recovery options for individuals working to put addiction behind them through funding to support the recovery support services and networks. It eliminates the waiver required of physicians who want to provide medication-assisted treatments to their patients and changes the law to allow those drugs to be prescribed via telehealth for greater ease of access.

The bill will also help to destigmatize addiction recovery in the workplace by ensuring that one of these medications to treat addiction does not count as a drug-free workplace violation.

Finally, CARA 3.0 reforms our criminal justice system to ensure that those struggling with addiction, including our veterans, are treated with fairness and common sense, putting them on a path to recovery rather than a downward spiral of abuse.

Importantly, CARA 3.0 funds a Department of Justice grant program to help incarcerated individuals struggling with addiction to receive medication-assisted treatment while they are still in the criminal justice system. This means that when they are released, they have a much higher chance of success.

If someone is addicted, and you don't treat it, and you let them out of the system, they are very likely to go back to a life of addiction. But if we allow medication-assisted treatment in the criminal justice system, we will reduce recidivism or repeated offenses. I think that makes sense for the person addicted, for the community, and certainly for the taxpayer.

CARA and CARA 2.0 have given States and local communities new resources and authorities to make a real

difference. CARA 3.0 renews and strengthens these programs. And given the recent spike in addiction, it provides a boost in funding as well. When added with the existing CARA programs that are authorized through 2023, we would be investing over \$1 billion per year to address this long-standing epidemic, putting us on the path toward a brighter future free from addiction.

The addiction epidemic has proven to be resilient. It is a disease that knows no ZIP Code, and one that is always ready to come roaring back should we not stay vigilant.

Columnist Peggy Noonan was exactly right when she wrote a couple of weeks ago in the Wall Street Journal that:

We have a deep and profound addiction crisis in our country and we've had it so long we forget to see it . . . and nobody's talking about it because nobody has a plan.

She is exactly right. We need a plan right now to tackle this crisis that continues to devastate our country. I have laid out one tonight that can give us some understanding of the magnitude of the problem, the nature of the challenge, but also have the Federal Government take concrete steps to turn the tide once again. Again, we have done it before. Let's do it again.

Washington can and should be a partner to the State and local groups on the ground every day working to combat this crisis. We should be a better partner. We have got to all work together to find constructive solutions to

the addiction epidemic and ensure more Americans don't suffer in silence, that we don't lose more lives to these deadly drugs but instead ensure that more Americans can achieve their God-given potential in life.

I yield back my time.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

The PRESIDING OFFICER (Ms. SMITH). Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 7:23 p.m., adjourned until Tuesday, November 30, 2021, at 10 a.m.